

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	YRW	75331	
O.I.P.E. CLASSIFIER		48	6/8/99
FORMALITY REVIEW	YC	70017	6-15-89

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	11/18/00
2	9/17/04
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Claim	Date
Final Original	
51	11/18/00
52	9/17/02
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here